Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-57

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 105 Frederick St.

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) B. (Last) Barney

4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Somerset Co. Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Crissey

14. MOTHER'S MAIDEN NAME: Susan Hockenbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Mrs Lillian Smith, Bowling Green Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Myocardial failure — Interval between onset and death: 2 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arteriosclerosis — Indefinite

DUE TO (c) Hypertensive C.V. Disease — Many yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Sept 4, 1957, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Walter K. Hartz M.D. (DEGREE OR TITLE) ADDRESS 40 E Beaten St Cbg DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Sept. 6 57 — NAME OF CEMETERY OR CREMATORY Sacred Heart Cem — LOCATION (City, town, or county) Rural Cumberland (State) Md.

DATE REC'D BY LOCAL REG. Sept. 6, 1957 — REGISTRAR'S SIGNATURE Walter K. Hartz, M.D.

24. FUNERAL DIRECTOR Lomas Bros Inc " — ADDRESS "

RECEIVED
SEP 9
BUREAU W. S.

Dr Rees
9 A M Sat Morn

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09101

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
STREET ADDRESS (If rural, give location) 547 Greene St.,

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) AUSTIN (Last) BEAL

4. DATE OF DEATH: (Month) Sept. (Day) 11, (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: June 30, 1909
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Allegany Ballistics
11. BIRTHPLACE (State or foreign country): Mt. Savage, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph E. Beal
14. MOTHER'S MAIDEN NAME: Ella Piper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-05-8253
17. INFORMANT & ADDRESS: Mrs. Thelma Beal 547 Greene St., Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

592X

			Interval Between Onset and Death
Immediate cause	(a)	Uremia	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	terminal Chronic Diffuse Glomerulo-	undetermined
	DUE TO (c)	Nephritis	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19..., to Sept 11, 1952, that I last saw the deceased alive on Sept 11, 1952, and that death occurred at 6:20 Pm, from the causes and on the date stated above.

SIGNATURE Saville G. Weisman (DEGREE OR TITLE) ADDRESS Cumberland, Md DATE SIGNED 9/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 9/14/52
NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Sept. 14, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR H. Wayne George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 -51

RECEIVED
SEP 23 1952
BUREAU V. S.

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 09102

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place) 41. Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 216 Glenn Street

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Beall

4. DATE OF DEATH: (Month) Sept (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 24 1952

9. AGE last birthday: ✓ yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. 41

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Infant ~~None~~

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Vernon Beall

14. MOTHER'S MAIDEN NAME: Shirley Day

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Merle Day, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity (5½ months) — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Sept, 1952, to 24 Sept, 1952, that I last saw the deceased alive on 24 Sept, 1952, and that death occurred at 1:40 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Leland A. Hanson MD ADDRESS 63 Greene St. Cumberland Md DATE SIGNED 24 Sept 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 25 1952 NAME OF CEMETERY OR CREMATORY Zion Memorial Burial Park LOCATION (City, town, or county) Cumberland Md (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 25, 1952 REGISTRAR'S SIGNATURE Winter R. Frantz, MD

24. FUNERAL DIRECTOR Willia m H. Kight, Cumberland, Md. ADDRESS

2092222240

RECEIVED
SEP 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09103

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 45 Mill St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 45 Mill St

3. NAME OF DECEASED: (Type or Print) (First) Zelpha (Middle) (Last) Bittner

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 25 1893
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Frostburg, Md
12. CITIZEN OF WHAT COUNTRY? U. S. G.

13. FATHER'S NAME: Edward Thomas
14. MOTHER'S MAIDEN NAME: Annie Horton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Robert Bittner, 45 Mill St. Frostburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Sclerosis — Interval Between Onset And Death 10 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1952, to Sept 16, 1952, that I last saw the deceased alive on Sept 16, 1952, and that death occurred at 10:45 P, from the causes and on the date stated above.

SIGNATURE W. O. McLane (Degree or title) MD
ADDRESS Frostburg Md
DATE SIGNED 9-18-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-20-1952
NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park
LOCATION (City, town, or county) Frostburg, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 9-20-52
REGISTRAR'S SIGNATURE Mrs. Nancy H. Roe
24. FUNERAL DIRECTOR Jacob Hafer, Frostburg, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09104

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (In this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 182 N.Center St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 182 N.Center St.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Louis (Last) Colley
4. DATE OF DEATH: (Month) Sept. (Day) 27 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: Sept.3-1886
9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mould Repairman
10b. KIND OF BUSINESS OR INDUSTRY: Kelley-Springfield Tire Co.
11. BIRTHPLACE (State or foreign country): Muncy Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Louis Colley
14. MOTHER'S MAIDEN NAME: Metha Zaner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-05-4745
17. INFORMANT AND ADDRESS: wife) Berde Colley, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval between onset and death: about 2 years.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H.V.Deming M.D. H.V. Deming M.D. Cumberland, Md. Sept.29-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 1 1952 — NAME OF CEMETERY OR CREMATORY: Muncy Cemetery — LOCATION (City, town, or county) (State): Muncy, Lycoming Co, Penna

DATE REC'D BY LOCAL REG.: Sept. 30, 1952 — REGISTRAR'S SIGNATURE: Walter R. Dantz, M.D. — 24. FUNERAL DIRECTOR: William H. Kight, Cumberland, — ADDRESS: Md.

VS. A-5A

RECEIVED
OCT 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9205

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 346 Reservoir Avenue [redacted]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland Md
STREET ADDRESS (If rural, give location) 346 Reservoir Avenue

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) M. (Last) Crane

4. DATE OF DEATH: (Month) Sept. (Day) 11 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH: Feby 3" 1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months 7 Days 8 IF UNDER 24 HRS.: Hours 10 Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Capon Bridge
12. CITIZEN OF WHAT COUNTRY? Hampshire

13. FATHER'S NAME: Jacob D. Shinholtz
14. MOTHER'S MAIDEN NAME: Fannie Dates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Wm. R. Gibson, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443x

Immediate cause (a) Hypertensive arteriosclerotic cardio-
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) vascular dis
DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Feb 52, 19, to 11 Sept, 1952, that I last saw the deceased alive on 18 Feb, 1952, and that death occurred at 10 45 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Oliver Ralph Roth, M.D. 202 Virginia Ave. Cumb. Md. 9/11/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept 14/52
NAME OF CEMETERY OR CREMATORY Fairview Cem
LOCATION (City, town, or county) (State) Cove Virginia

DATE REC'D BY LOCAL REG. Sept. 23, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR F H Seffern ADDRESS Capon Bridge, West Virginia

Grace Crane

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP 24 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69106

CERTIFICATE OF DEATH

Reg. Dist. No. 4

Dr. Dorsett

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Apt. 7-C Jane Frazer Village

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) Apt. 7-C Jane Frazer Village

3. NAME OF DECEASED: (Type or Print) (First) AUGUSTUS (Middle) A. (Last) DUCKWORTH

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 20, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married

8. DATE OF BIRTH: April 20, 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer-Retired

10b. KIND OF BUSINESS OR INDUSTRY: Steel Mill

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Duckworth

14. MOTHER'S MAIDEN NAME: Frances Duckworth

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Myrtle Duckworth, Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.2 Immediate cause	(a) Anaemia	3 wks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Myocarditis	3 yrs
	DUE TO (c)	

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20, 19 52, to Sept. 20, 19 52, that I last saw the deceased alive on Sept. 20, 19 52, and that death occurred at 12 Noon, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas. L. Dorsett M. D. Cumberland 9/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept. 23, 1952 | NAME OF CEMETERY OR CREMATORY Mt. Herman Cemetery | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 23, 1952 | REGISTRAR'S SIGNATURE Wirt L. Tantz, M.D. | 24. FUNERAL DIRECTOR ADDRESS William H. Kight, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Within corporate limits? DR. HODGES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9107 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY ALLEGANY, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 36 BOONE STREET

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) BOY (Last) EDMISTON

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 19 (Year) 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: SEPTEMBER 19, 1952

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months — Days 1 IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES W. EDMISTON

14. MOTHER'S MAIDEN NAME: ISABELLE HARTMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: James W. Edmiston 36 Boone St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: atelectasis — INTERVAL BETWEEN ONSET AND DEATH 24 hr.

Immediate cause (a) DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

762.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ✓

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18, 19 52 to 9-19, 19 52, that I last saw the deceased alive on 9-18, 19 52 and that death occurred at 6:30 P.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Wm. Joyce Hodges, M.D. ADDRESS Cumberland, Md. DATE SIGNED 9-19-52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF 9/20/52 — NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY — LOCATION (City, town, or county) (State) CUMBERLAND, ALLEGANY, MD.

DATE REC'D BY LOCAL REG. Sept. 20, 1952 — REGISTRAR'S SIGNATURE Winter R. Frank, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli — ADDRESS Cumberland Md

203 - 03405

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19108

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural, give location) 612 Shriver Ave.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) W. (Last) Ehrbar
4. DATE OF DEATH: (Month) Sept (Day) 1 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 22 1883
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Cumberland Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Ehrbar
14. MOTHER'S MAIDEN NAME: Sophia Fries

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 705-05-4976
17. INFORMANT & ADDRESS: Eda. Dehler Ehrbar Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage and Coma — INTERVAL BETWEEN ONSET AND DEATH: 2 Days.

443X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Hypertensive Heart Disease — 15 Yrs.

DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1951, to Sept 1, 1952, that I last saw the deceased alive on Sept 1, 1952, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE James P. Halleman MD (DEGREE OR TITLE) Loo Decatur St. ADDRESS Cumberland, Md DATE SIGNED 9-2-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept 4, 52
NAME OF CEMETERY OR CREMATORY St Lukes Cem
LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REG. Sept 3, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumberland Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP 6
BUREAU V. S.

DR. WHITWORTH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, LENGTH OF STAY (in this place) 5 DAYS	CITY (If outside corporate limits, write RURAL and give nearest town) ~~Town~~ CUMBERLAND, Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE	STREET ADDRESS (If rural, give location) ROUTE 4, BOX 61

3. NAME OF DECEASED: (Type or Print)	(First) BABY	(Middle) BOY	(Last) ELLIS	4. DATE OF DEATH: (Month) SEPTEMBER	(Day) 20 (Year) 19 52
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE	8. DATE OF BIRTH: SEPTEMBER 15/1952	9. AGE last birthday: ✓ yrs.	IF UNDER 1 YEAR: Months / Days 5; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): CUMBERLAND, MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: HARRY E. ELLIS		14. MOTHER'S MAIDEN NAME: COLLEEN P. SPOOLER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, MEMORIAL AVENUE		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 760.0

Immediate cause (a) Cerebral birth Injury — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16, 1952, to 9/20, 1952, that I last saw the deceased alive on 9/20, 1952, and that death occurred at 8:05 P m., from the causes and on the date stated above.

SIGNATURE R. W. Eliason (DEGREE OR TITLE) M.D. ADDRESS 126 Mount St. Cumberland Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE THEREOF 9/22/52	NAME OF CEMETERY OR CREMATORY GREEN MOUNT CEMETERY	LOCATION (City, town, or county) (State) CUMBERLAND, ALLEG. MARYLAND
DATE REC'D BY LOCAL REG. Sept. 22, 1952	REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.	24. FUNERAL DIRECTOR JAMES F. SCARPELLI, CUMBERLAND, MD.	ADDRESS

269226-413

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 8-51

RECEIVED
SEP
BUREAU U.S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 Offutt St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
STREET ADDRESS (If rural, give location) 207 Offutt St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) L. (Last) Frable

4. DATE OF DEATH: (Month) Sept (Day) 11, (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 24, 1864

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Irons Mt. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Oliver Peltz

14. MOTHER'S MAIDEN NAME: Sarah Irons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: John W. Schinett 207 Offutt St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 3 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Cirrhosis — 5 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 16, 19 52, to Sept. 16, 19 52, that I last saw the deceased alive on Sept. 16, 19 52, and that death occurred at 11 a.m. m., from the causes and on the date stated above.

SIGNATURE Clay R. Jarrett (DEGREE OR TITLE) M.D. ADDRESS Cumberland DATE SIGNED 9/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9-18-52

NAME OF CEMETERY OR CREMATORY St. Peter's Cem

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Sept. 18, 1952

REGISTRAR'S SIGNATURE Walter R. Hanby, M.D.

24. FUNERAL DIRECTOR James F. Carelli ADDRESS Cumberland, Md.

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69111

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1B 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 College Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 28 College Ave.

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) (Last) Fisher

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 29-1905

9. AGE last birthday: 47 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Coal

11. BIRTHPLACE (State or foreign country): Midlothian, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Fisher

14. MOTHER'S MAIDEN NAME: Mary Ellen Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-05-7653

17. INFORMANT & ADDRESS: Mrs. Jacob Fisher 28 College Ave. Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) — DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11, 19.51, to 9/3, 19.52, that I last saw the deceased alive on 9/3, 19.52, and that death occurred at 2:05 A.M. E.S.T., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) John B. Davis, M.D. — ADDRESS Frostburg, Md. — DATE SIGNED 9/4/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9-6-1952 — NAME OF CEMETERY OR CREMATORY St. Michaels Cemetery — LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. 9-6-52 — REGISTRAR'S SIGNATURE Mrs Nancy V. Poe

24. FUNERAL DIRECTOR Jacob Hafer — ADDRESS Frostburg, Md.

REC
SEP 9
BUREAU V.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; LENGTH OF STAY (In this place): 30 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville; STREET ADDRESS (If rural, give location): (Absenborn)

3. NAME OF DECEASED (Type or Print): (First) Christine (Middle) Myers (Last) French

4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Oct. 19-1868

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Ferguson Myers

14. MOTHER'S MAIDEN NAME: Emma Suter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic congestion of the lungs due to — 30 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) fracture at neck of right femur.

(c)

502.5

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Slight cerebral accident

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Green St. (CITY OR TOWN): Cumberland (COUNTY): Allegany (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 26/52 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Stepped off of curb and fell to roadbed.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. Sept 26-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Sept. 27 1952

NAME OF CEMETERY OR CREMATORY: Rose Hill

LOCATION (City, town, or county) (State): Cumberland Maryland

DATE REC'D BY LOCAL REG.: Sept. 27, 1952

REGISTRAR'S SIGNATURE: Wendell K. Darby, M.D.

24. FUNERAL DIRECTOR: Davis Sterne Inc. ADDRESS: Cumberland Md

BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10113

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, LENGTH OF STAY (in this place) 7 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.	STREET ADDRESS (If rural, give location) 208 Paca St.,

3. NAME OF DECEASED: (Type or Print) (First) GENEVIEVE (Middle) M. (Last) GEATZ				4. DATE OF DEATH: (Month) Sept. (Day) 24, (Year) 1952	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: April 11, 1905	9. AGE last birthday: 47 yrs.	IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own home	11. BIRTHPLACE (State or foreign country): Ridgeley, W. Va.	12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME: Charles Mulligan		14. MOTHER'S MAIDEN NAME: Rachael Warnick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT & ADDRESS: William F. Geatz 208 Paca St., Cumberland,			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	6 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive C.V. Disease	years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 1952, to Sept 24, 1952 that I last saw the deceased alive on Sept 23, 1952 and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE B. M. Schindler Md. (DEGREE OR TITLE) ADDRESS 41 Greenwood Cumberland Md. DATE SIGNED 9/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF 9-26-1952	NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul	LOCATION (City, town, or county) (State) Cumberland, Md.
DATE REC'D BY LOCAL REG. Sept. 25, 1952	REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.	24. FUNERAL DIRECTOR H. Wayne George Cumberland, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-8-51

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 52

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
LENGTH OF STAY (in this place): 8 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
STREET ADDRESS (If rural, give location): 507 Washington St.,

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) EDWARD (Last) GLICK

4. DATE OF DEATH: (Month) Sept. (Day) 2, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 11, 1898

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Investigator

10b. KIND OF BUSINESS OR INDUSTRY: Md. Income Tax Div.

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry J. Glick

14. MOTHER'S MAIDEN NAME: Louise M. Landwehr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes, (If Yes, give war or dates of service) W. W. I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mary E. Glick Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Diabetic Coma	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Diabetes Mellitus	10 years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19....., to 2 Sept, 19 52, that I last saw the deceased alive on 30 Aug., 19 52, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
W. Alfred Vance, MD Cumberland Md 3 Sept. 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9/5/52

NAME OF CEMETERY OR CREMATORY: S. S. Peter & Paul

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Sept. 4, 1952

REGISTRAR'S SIGNATURE: Winter K. Banks, M.D.

24. FUNERAL DIRECTOR: Charles L. George

ADDRESS: Cumberland, Md.

RECEIVED
SEP 9 1952
BUREAU V.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN near Cumberland
LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Road, Rt. #3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Cumberland
STREET ADDRESS (If rural, give location) Valley Road, Rt. #3

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Ann (Last) Goldsborough

4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept 23 1858	94 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Wife	At Home	Williamsport Md	U. S.

13. FATHER'S NAME: Isaac Todd

14. MOTHER'S MAIDEN NAME: Susan Sperrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	Wm M. Goldsborough, Cumb, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
33 I X Immediate cause	(a) Cerebral Hemorrhage	10 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 25, 1952, to Sept 25, 1952, that I last saw the deceased alive on Sept 25, 1952, and that death occurred at 11.40 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) R. W. Trevaskis M.D. ADDRESS Cumberland, Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 28 1952	River View Cemetery	Williamsport, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 27, 1952	Walter R. Mark, M.D.	John D Hafer	Cumberland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP
BUREAU U. S.

Dr. Wiseman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 091164

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 323 Fayette Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 323 Fayette St.

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) (Last) Goodwin

4. DATE OF DEATH: (Month) Sept. (Day) 7 (Year) 1952

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 14, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Parkersburg, W. Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John R. Barrett
14. MOTHER'S MAIDEN NAME: Laura DeVaughn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Friend Barrett - Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.0 Immediate cause	(a)	Acute Heart Failure	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerotic and Hypertensive Heart Disease - auricular fibrillation	6 months
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Traphragmatic Hernia ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Sept. 7, 1952, that I last saw the deceased alive on Sept. 4, 1952, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE FOURTH - 5 G Wiseman (DEGREE OR TITLE) ADDRESS DATE SIGNED
Saville G Wiseman MD 59 Grelle St Cumberland Md 9/8/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept. 9, 1952
NAME OF CEMETERY OR CREMATORY Brandonsville Cem.
LOCATION (City, town, or county) (State) Brandonsville, W. Va.

DATE REC'D BY LOCAL REG. Sept. 8, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer. ADDRESS Cumberland, Md.

VS. A15-8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REGISTERED
SEP 16
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09117

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 10/15/46
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural give location) East Main Street

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) F. (Last) Grindell
4. DATE OF DEATH: (Month) (Day) (Year) September 10, 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan. 2 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Governess -
10b. KIND OF BUSINESS OR INDUSTRY: retired Private families
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Aaron Grindell
14. MOTHER'S MAIDEN NAME: Janet Connor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No. None
17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
443X Immediate cause	(a) Chronic Myocarditis	?
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) General Arteriosclerosis	?
	DUE TO (c) Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to Sept. 10, 1952 that I last saw the deceased alive on Sept. 10 1952, and that death occurred at 7:16 p.m., from the causes and on the date stated above.
SIGNATURE James E. McLean (Degree or title) M.D. ADDRESS 49 Greene St. DATE SIGNED 9-11-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 12. 1952
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
LOCATION (City, town, or county) (State) Lonaconing, Md.
DATE REC'D BY LOCAL REGISTRAR Sept. 11, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR M. Eichhorn ADDRESS Lonaconing, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1

T

SEP 15 1952

09118

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport
LENGTH OF STAY (in this place) 1 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stoney Run Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piedmont
STREET ADDRESS (If rural, give location) 82 Paxton St.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Hamilton

4. DATE OF DEATH (Month) Sept (Day) 8 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7 Feb 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber self
10b. KIND OF BUSINESS OR INDUSTRY Plumbing
11. BIRTHPLACE (State or foreign country) Keyser W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hiram Hamilton
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 42 2ND ST Vernon Hamilton, Piedmont, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis and Myocardial Degeneration Not Specified as rheumatic — INTERVAL BETWEEN ONSET AND DEATH 2 Years

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1950, to Sept. 8, 1952, that I last saw the deceased alive on Sept. 6, 1952, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

SIGNATURE Paul R. Wilson (Degree or title) M.D. ADDRESS Piedmont, W. Va. DATE SIGNED Sept. 10, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 11, 1952
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) (State) Westernport, Md.

DATE REC'D BY LOCAL REG. Sept 11, 1952
REGISTRAR'S SIGNATURE Mr. Jean C. Kelly
24. FUNERAL DIRECTOR E. D. Doal ADDRESS Westernport, Md.

M

I

T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 10

Rec'd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. D. #2 Cumberland, rural
STREET ADDRESS (If rural, give location) Mt. Pleasant Rd. off Balto. Pike

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) SAMUEL (Last) HARPER

4. DATE OF DEATH: (Month) Sept. (Day) 6, (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Dec. 25, 1871
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Moorefield, W. Va.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Harper
14. MOTHER'S MAIDEN NAME: Mary E. Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mr. Charley Harper Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

421.1

Immediate cause (a) Myocardial Failure — 6 hrs.
DUE TO
Antecedent cause(s) (b) Coronary Occlusion — 3 days
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Arterial Fibrosis — Unsure

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Aug., 1952, to Sept 6, 1952, that I last saw the deceased alive on Sept 6 1952, and that death occurred at 1:30 m., from the causes and on the date stated above.

SIGNATURE W. T. Reer MD (DEGREE OR TITLE) 404 E. Clarke St. ADDRESS DATE SIGNED Sept 8 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 9/9/52
NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park
LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Sept. 8, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP 16 1
BUREAU V. S.

Within corpor. Dr. [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 99120

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 134 Seymour Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 134 Seymour Street

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Clarissa (Last) Heinrich

4. DATE OF DEATH: (Month) (Day) (Year) September 8 1952

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: July 27, 1863
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Town Creek, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Daniel Deffinbaugh
14. MOTHER'S MAIDEN NAME: Lavinia Mountz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Charles L. Heinrich

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
154 + Immediate cause	(a)	Uraemia	4 wks.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Carcinoma of Rectum	6 mos
	DUE TO		
	(c)	Arteriosclerosis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1952, to Sept. 8, 1952, that I last saw the deceased alive on Sept. 8, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Clay E. Durrett (DEGREE OR TITLE) M. D. ADDRESS Cumberland DATE SIGNED 9/10/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept. 11, 1952
NAME OF CEMETERY OR CREMATORY Hillcrest Bur. Park
LOCATION (City, town, or county) Cumberland. (State) Md.

DATE REC'D BY LOCAL REG. Sept. 10, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer. ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15 8-51

RECEIVED
SEP 16 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]21

DR. VAN ORMER

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD. LENGTH OF STAY (in this place) 154 DAYS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MARYLAND.	STREET ADDRESS (If rural, give location) 619 WASHINGTON STREET

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) E. (Last) HOLZSHU

4. DATE OF DEATH: (Month) (Day) (Year) SEPT. 27 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: JUNE 19 1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days JUNE 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE REUSCHLIEN

14. MOTHER'S MAIDEN NAME: CATHERINE SAUM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebro-vascular accident, recurrent	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized arteriosclerosis	
	DUE TO (c) Hypertensive vascular disease	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 19 46, 19, to 27 Sept, 1952, that I last saw the deceased alive on 26 Sept, 1952, and that death occurred at 2:20 P.m., from the causes and on the date stated above.

SIGNATURE W. Alfred Van Ormer (DEGREE OR TITLE) ADDRESS DATE SIGNED 29 Sept 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Sept 29 52 NAME OF CEMETERY OR CREMATORY Rose Hill Cem LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REG. Sept. 29, 1952 REGISTRAR'S SIGNATURE Walter R. Hantz, M.D. 24. FUNERAL DIRECTOR Louis Stein, Inc ADDRESS " "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A25-45

RECEIVED
B... J V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9122

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Marion Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 6 Marion Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) T (Last) Jenkins

4. DATE OF DEATH: (Month) Sept. (Day) 10 (Year) 1952

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec. 2, 1877

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Kenneweg Groc. Co

11. BIRTHPLACE (State or foreign country): North Branch, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John R. Jenkins

14. MOTHER'S MAIDEN NAME: Mary Margaret Stickley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Presley Carl Jenkins - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 44 ok

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 da.

DUE TO

Antecedent cause(s) (b) Hypertensive Heart Disease — 15 yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. advanced age

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to Sept 10, 1952, that I last saw the deceased alive on Sept 10, 1952, and that death occurred at 8:25 A.m., from the causes and on the date stated above.

SIGNATURE James P. Halleman MD (DEGREE OR TITLE) ADDRESS Loo Decatur St. Cumberland, Md. DATE SIGNED 9-10-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Sept. 12, 1952

NAME OF CEMETERY OR CREMATORY Hillcrest Bur. Park

LOCATION (City, town, or county) Cumberland, (State) Md.

DATE REC'D BY LOCAL REG. Sept. 10, 1952

REGISTRAR'S SIGNATURE Winter R. Lantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer, ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

SEP 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09 23

Reg. Dist. No. 6

1. PLACE OF DEATH COUNTY: Alleghany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: W. Va. COUNTY: Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Luke — LENGTH OF STAY (in this place): 3 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Keyser,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 125 Cromwell St	STREET ADDRESS (If rural, give location): 85 Davis St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Susan Montgomery Johnson,

4. DATE OF DEATH (Month) (Day) (Year): Sept. 1, 1952 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	White	Single	Feb. 16, 1865	87 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR I[redacted]	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired School Teacher		Medley, W. Va.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Johnson	Elizabeth Strother

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		No	W. M. Welton, Luke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	1 Hour
Antecedent cause(s)	Chronic Myocarditis and Myocardial	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Degeneration Not Specified As Rheumatic	5 Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
None		

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1952, to Sept. 1, 1952, that I last saw the deceased alive on Sept. 1, 1952, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul R. Wilson	M.D.	Piedmont, W.Va.	Sept. 2, 1952

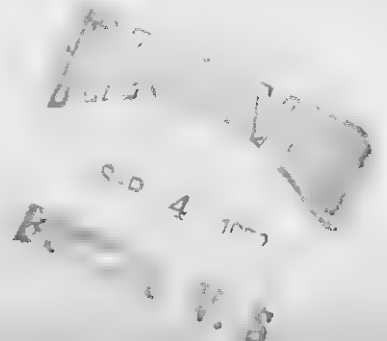
23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/4/52	Lahmansville,	Lahmansville, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 2, 1952	Mrs Jean C. Kelly	B. W. Markwood	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physici[redacted] pl[redacted] write the [redacted]uses of death [redacted]leasly [redacted]nd legibly.

VS. A15



Within corporate limits

39124

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ryland
LENGTH OF STAY (In this place): [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dead on ar. to Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, Md.
STREET ADDRESS (If rural, give location): [illegible] Springdale St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Kesler III
4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19[illegible]
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June [illegible], 1952
9. AGE last birthday: yrs. — If under 1 year: Months 2, Days 13 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Beaufort S.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Edward Kesler Jr.
14. MOTHER'S MAIDEN NAME: Electa F. Layton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: James E. Kesler Jr. [illegible] Springdale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Heart Disease — 2 mo.

754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): H. V. Deming M.D. — ADDRESS: Cumberland, Md. — DATE SIGNED: Sept. [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9-5-52
NAME OF CEMETERY OR CREMATORY: St. Peter and Paul's Cem
LOCATION (City, town, or county) (State): Cumberland, Md.
DATE REC'D BY LOCAL REG.: Sept. 5, 1952
REGISTRAR'S SIGNATURE: Walter R. Tank, M.D.
24. FUNERAL DIRECTOR: James F. Scarpelli — ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Flintstone; LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS On his Polish Mt. Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural) Flintstone, R#1-Route
STREET ADDRESS (If rural, give location) Star Route. -On his Polish Mt. farm.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dennis	Warner	Koontz	Sept. 14 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	white	married	Jan. 16-1902	50 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carman helper	B&O.R.Ry.	Cumberland, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Koontz	Almeda Kerns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	705-07-9657	wife) Emma E. Koontz, R#1-Route Flintstone Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Asphyxia and pulmonary hemorrhage due to a	at once.
4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Crushed chest. (b)	
	(c) Underneath, overturned farm tractor.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY farm	near (CITY OR TOWN) Flintstone (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 9-14 52 m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? Tractor overturned on hill and he was crushed beneath Farm tractor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection * ☐, Inquiry * ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H.V. Deming M.D.		Cumberland, Md.	Sept. 14-1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 17, 1952	Hillcrest Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 16, 1952	Ernest L. Bender	John J. Hafer	Cumberland Md.

RECEIVED
SEP 18 1952
BUREAU V. S.

Within corporate limit

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

BUREAU 9126 SEP 23

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital Decatur St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Jane (Middle) (Last) Langham

4. DATE OF DEATH: (Month) Sept. (Day) 16 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: April 16, 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Burt
14. MOTHER'S MAIDEN NAME: Janet Allerdice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (~~Yes~~, no, ~~or unk.~~) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Patient's Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive and Arteriosclerotic Ht Disease — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1952, to Sept 16, 1952, that I last saw the deceased alive on Sept 15, 1952, and that death occurred at 4:15 A.m., from the causes and on the date stated above.

SIGNATURE Danielle G. Weisman MD (DEGREE OR TITLE) ADDRESS Cumberland Maryland DATE SIGNED 9/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept. 17, 1952
NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
LOCATION (City, town, or county) (State) Moscow, Maryland

DATE REC'D BY LOCAL REG. Sept. 16, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR E. S. Boal, Westernport, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP 23 1952
BUREAU V. S.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

39127

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's report is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural, Cumberland; LENGTH OF STAY (in this place): 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. #3 Bowmans Add.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural-Cumberland, Md.; STREET ADDRESS (If rural, give location): R.F.D. #3 Bowmans Addition.

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) Elaine (Last) Martin

4. DATE OF DEATH: (Month) Sept. (Day) 7 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 17-1952

9. AGE last birthday: 0 yrs. If under 1 year: Months, Days: 3 weeks; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Robert Franklin Martin

14. MOTHER'S MAIDEN NAME: Eleanor Sheets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: (Father) R.F.D. #3 R.F. Martin, Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia (accidental smothering) — Interval between onset and death: at once

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Rural-Cumberland (COUNTY): Allegany (STATE): Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: Sept. 7/52 A. m.

INJURY OCCURRED While at work [ ] Not while at work [X]

HOW DID INJURY OCCUR? Covered over on couch

22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ] accident [X], suicide [ ], homicide [ ], undetermined [ ].*

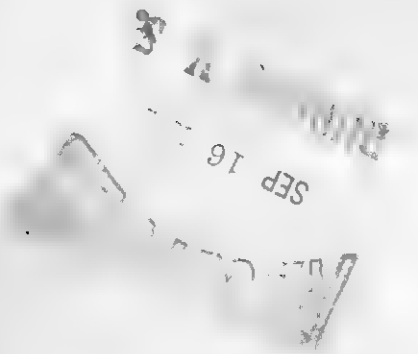
SIGNATURE (Degree or title): H.V. Deming M.D. H.V. Deming M.D. ADDRESS: Cumberland, Md. DATE SIGNED: Sept. 7-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 9, 1952 — NAME OF CEMETERY OR CREMATORY: Hillcrest Bur. Park — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Sept. 8, 1952 — REGISTRAR'S SIGNATURE: Winter L. Stantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: John T. Hafer, Cumberland, Md.

2-11457



Within corporate limits DR? WEISMAN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
LENGTH OF STAY (in this place) 13 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND MD.
STREET ADDRESS (If rural, give location) ~~MEMORIAL AVENUE~~ 309 Dorn Ave

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) McSORLEY (Last)

4. DATE OF DEATH: (Month) SEPT. (Day) 26 (Year) 1952

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: MARCH 14, 1909
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist ~~UNEMPLOYED~~
10b. KIND OF BUSINESS OR INDUSTRY: Machine Tool Co. ~~NONE~~
11. BIRTHPLACE (State or foreign country): MARYLAND, Cumberland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~ROBERT~~ McSORLEY, Roderick
14. MOTHER'S MAIDEN NAME: MARGARET ~~[illegible]~~ Krigline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-05-7345
17. INFORMANT & ADDRESS: Wife Kathleen L. McSorley 309 Dorn A

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

1 2X
Immediate cause (a) Bronchogenic Carcinoma
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Metastasis to lymph nodes of neck and heart

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: SEPT 16, 1952
19b. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma of Lymph node
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Sep, 1952, to 26 Sep, 1952, that I last saw the deceased alive on Sep 26, 1952, and that death occurred at 1:32 P.m., from the causes and on the date stated above.

SIGNATURE Adville G. Weisman (DEGREE OR TITLE) MD ADDRESS Cumberland Maryland DATE SIGNED 27 Sep 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 9-29-52
NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
LOCATION (City, town, or county) (State) cumberland Alleg. Md.

DATE REC'D BY LOCAL REG. Sept. 27, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR ADDRESS James F. Scarpeli, Cumberland, Md.

VS. A15 8-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 30 1952
BUREAU V. S.

09129

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 6 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Rural~~ Cumberland. Rural
STREET ADDRESS (If rural, give location) Baltimore Pike, Rt. #2

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Hartrel (Last) Moses

4. DATE OF DEATH: (Month) Sept. (Day) 6 (Year) 1952

5. SEX: M.
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: May 21, 1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Liberty Cleaners
11. BIRTHPLACE (State or foreign country): Moscow, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob N. Moses
14. MOTHER'S MAIDEN NAME: Annie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-05-7715
17. INFORMANT & ADDRESS: Mrs. Mildred B. Moses

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 155X

Immediate cause (a) Carcinoma of Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH: months

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25/52, 19..., to 9/6/, 1952, that I last saw the deceased alive on 9/6, 1952, and that death occurred at 12:15 P.m., from the causes and on the date stated above.

SIGNATURE B. M. Schmidt (DEGREE OR TITLE) MD ADDRESS 41 Greenwood Ave Cumberland Md DATE SIGNED 9/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept. 9 1952
NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery
LOCATION (City, town, or county) Moscow - Maryland (State)

DATE REC'D BY LOCAL REG. Sept. 8, 1952
REGISTRAR'S SIGNATURE Winter R. Hantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland Md. ADDRESS

M

1

VS. A15 8-51 T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 16 1952
BUREAU V. S.

Within corporate limits DR. SCHINDLER

09150

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (In this place) 40 MINUTES
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE PENNSYLVANIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JOHNSTOWN,
STREET ADDRESS (If rural, give location) 1300 KEGG AVENUE

3. NAME OF DECEASED (Type or Print) (First) BABY (Middle) BOY (Last) MULLIGAN

4. DATE OF DEATH (Month) SEPT. (Day) 19, (Year) 1952

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE

8. DATE OF BIRTH SEPT. 19, 1952

9. AGE Last birthday ____ yrs. If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours ____ Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) MARYLAND, Cumberland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME FRANCIS B. MULLIGAN

14. MOTHER'S MAIDEN NAME PATRICIA A. HILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL- CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature separation of placenta — Interval between onset and death: 1 hour

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ 761.0

(c) ____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/19, 1952 to 9/19, 1952, that I last saw the deceased alive on 9/19, 1952, and that death occurred at 2:45 A.m., from the causes and on the date stated above.

SIGNATURE: B. M. Schindler M.D. (Degree or title) ADDRESS 41 Baltimore St. Cumberland Md. DATE SIGNED 9/19/1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept 20, 1952

NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

LOCATION (City, town, or county) (State) Indiana, Pennsylvania

DATE REC'D BY LOCAL REG. Sept 20, 1952

REGISTRAR'S SIGNATURE Walter R. Frantz M.D.

24. FUNERAL DIRECTOR John J. Hafer ADDRESS Cumberland, Md.

D. 9 — 34

RECEIVED
SEP 23 1952
BUREAU U. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1-34

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH: MEMORIAL HOSPITAL
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN CUMBERLAND
LENGTH OF STAY (in this place) 18 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 600 LAING AVE.

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) BEATRICE (Last) PARKER
4. DATE OF DEATH: (Month) SEPT. (Day) 1 (Year) 1952

5. SEX: F
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: SEPT. 10, 1895
9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HWFE
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): W.VA. Martinsburg
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN HANSROTE
14. MOTHER'S MAIDEN NAME: LAURA Keeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-22-5584
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Hypertension & Arteriosclerosis — 5 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE) Cumberland Alley. Md
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from 3/15/51, 19....., to 9/1/52, 19....., that I last saw the deceased alive on 9/1/52, 19....., and that death occurred at 10:50 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 9/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 9/4/52
NAME OF CEMETERY OR CREMATORY Mt. Herman Cem.
LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. Sept. 4, 1952
REGISTRAR'S SIGNATURE Walter K. Hartz, M.D.
24. FUNERAL DIRECTOR Charles L. George
ADDRESS Cumberland, Md.

Sept 9-52
BUREAU U. S.

Call 1454 when [illegible]

DR. VAN ORMER

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MARYLAND
LENGTH OF STAY (in this place) 25 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W.VA. COUNTY Romney
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROMNEY
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) Clifton (Last) PARKER

4. DATE OF DEATH: (Month) SEPT. (Day) 29 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 3, 1905

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Engineer

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): W.VA.

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Isaac PARSON PARKER

14. MOTHER'S MAIDEN NAME: ALVERA CARTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442X

Immediate cause (a) nephrosclerosis with terminal uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 months?

DUE TO

Antecedent cause(s) (b) Hypertensive vascular disease, advance

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) malignant Hypertension — 2 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Sept., 1952, to 29 Sept., 1952, that I last saw the deceased alive on 29 Sept. 52, 19....., and that death occurred at 11:55 P.m., from the causes and on the date stated above.

SIGNATURE W. Alfred Van Ormer (DEGREE OR TITLE) ADDRESS DATE SIGNED 30 Sept. 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Oct. 2, 1952

NAME OF CEMETERY OR CREMATORY Indian Mound Cemetery

LOCATION (City, town, or county) Romney, W. Va. (State)

DATE REC'D BY LOCAL REG. Oct. 1, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR Meryl Combs, Romney, W. Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

1

RECEIVED
OCT 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; LENGTH OF STAY (In this place): 4 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; STREET ADDRESS (If rural, give location): 213 Davidson St.

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) Dempsey (Last) Piper

4. DATE OF DEATH: (Month) Sept. (Day) 13 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May-27-1921

9. AGE last birthday: 31 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver, Chaney Transportation Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Spring Gap, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lionel Piper

14. MOTHER'S MAIDEN NAME: Emma Foreland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.2

16. SOCIAL SECURITY NO.: 714-09-6370

17. INFORMANT AND ADDRESS: sister & Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial hemorrhage due to a 22 caliber rifle bullet in skull. — Interval Between Onset and Death: 5 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Shot accidentally by his brother while

(c) Hunting.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.): Farm

near (CITY OR TOWN): Old Town (COUNTY): Allegany (STATE): Md.

TIME (Month) OF INJURY: about Sept. (Day) 13 (Year) 1952 (Hour) P. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Shot accidentally by brother while hunting groundhogs.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: H.V. Deming M.D. — (Degree or Title) accidental (accidental homicide) — ADDRESS: Cumberland, Md. — DATE SIGNED: Sept. 15-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. — DATE THEREOF: Sept 16, 1952 — NAME OF CEMETERY, OR CREMATORY: Davis Memorial Cem. — LOCATION (City, town, or county) (State): near Cumberland Md.

DATE REC'D BY LOCAL REG.: Sept. 16, 1952 — REGISTRAR'S SIGNATURE: Walter K. Fantz, M.D.

24. FUNERAL DIRECTOR: John J. Hafer — ADDRESS: Cumberland Md.

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN R.F.D.#1 Midland, Md. — LENGTH OF STAY (In this place) 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. #1 Midland
STREET ADDRESS (If rural, give location) R.F.D. # 1

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Jane (Last) Poland

4. DATE OF DEATH: (Month) Sept, (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 22, 1887

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Boyes

14. MOTHER'S MAIDEN NAME: Eliza Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Victor Glime (Daughter)

18. MEDICAL CERTIFICATION Frostburg, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
443X Immediate cause	(a)	Cerebral Hemorrhage.	1-2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive Cardiovascular Disease	5-10 yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

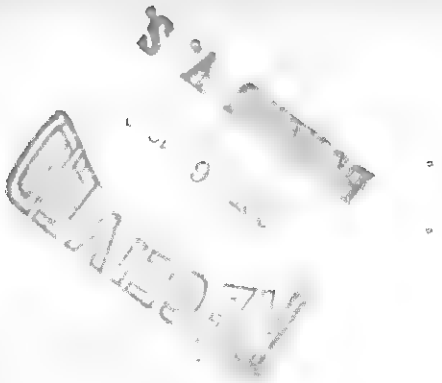
22. I hereby certify that I attended the deceased from 20 Sept., 1952, to 21 Sept., 1952, that I last saw the deceased alive on 21 Sept., 1952, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) George J. Richards Jr. M.D. — ADDRESS Lonaconing, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Sept. 23. 1952 — NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park. — LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. 9-23-52 — REGISTRAR'S SIGNATURE Jeannette M Boal

24. FUNERAL DIRECTOR M. Eichhorn — ADDRESS Lonaconing, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Raymond Reeves

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 mi so of Westernport

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport - rural
STREET ADDRESS (If rural, give location) 2 mi so of Westernport

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ELIZABETH (Last) POPP
4. DATE OF DEATH (Month) Sept (Day) 4 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 9 April 1897
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Mt Storm, W. Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Kitzmiller
14. MOTHER'S MAIDEN NAME Susan Blackburn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — — — —
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Frank C. Popp, RFD # 3 Keyser, W. Va. (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1952, to 9/4, 1952, that I last saw the deceased alive on 9/4, 1952, and that death occurred at 5:00 pm m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Raymond R. Reeves M.D. Westernport, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7 Sept 52
NAME OF CEMETERY OR CREMATORY Philos Cemetery
LOCATION (City, town, or county) (State) Westernport, Maryland
DATE REC'D BY LOCAL REG. Sept 7, 1952
REGISTRAR'S SIGNATURE Mrs Jean C. Kelly
24. FUNERAL DIRECTOR E. S. Boal, Westernport, Maryland ADDRESS

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at the Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va. COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wiley Ford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Arthur (Last) Pyle

4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 21-1883

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mechanic, Boilermaker

10b. KIND OF BUSINESS OR INDUSTRY: Charles B. & O.R.Ry.

11. BIRTHPLACE (State or foreign country): Inkerman, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Pyle

14. MOTHER'S MAIDEN NAME: Susan Liller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 705-05-1567

17. INFORMANT AND ADDRESS: (son) Glen W.Pyle, Wiley Ford, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	about 6 months.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — about 3 years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D	H.V. Deming M.D.	Cumberland, Md.	Sept.30-1952

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 2. 1952	Mt. Olive Church Cem.	Mar. Inkerman W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 1, 1952	Winter R. Frantz, M.D.	Charles L. George	Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

OCT 3
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 5-51

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Foundry Row

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage

STREET ADDRESS (If rural, give location): Foundry Row

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) JAMES (Last) RAINESFORD

4. DATE OF DEATH: (Month) Sept. (Day) 8, (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	Apr. 22, 1882	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer (Retired)	Dye Works	Mt. Savage, Md.	U. S.

13. FATHER'S NAME: George E. Rainesford

14. MOTHER'S MAIDEN NAME: Miriam J. Brent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Norman A. Rainesford Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

421.0

Immediate cause — (a) Mitral Stenosis — DUE TO — Interval between onset and death: 3 years +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Vascular Hypertension — DUE TO — 3 years +

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Gastro - Enteritis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

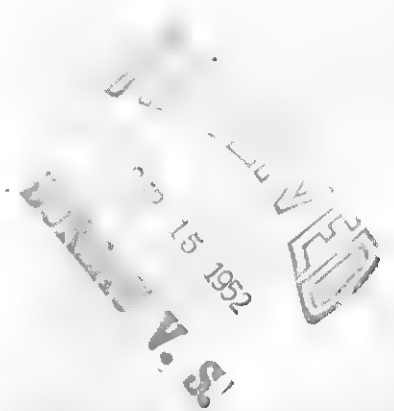
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov -, 1945, to Sept., 1952, that I last saw the deceased alive on 9-7, 1952, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
William E. Mosley	M.D.	Mount Savage, Md.	9-9-1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/ /52	Rose Hill Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 9- 1952	Veronica M. Schmidt	Charles L. George	Cumberland, Md.



Within Corporate Limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 29 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: In his truck cab-Maplesides Rinker's Developement.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 417 Green St.

3. NAME OF DECEASED (Type or Print): (First) Willis (Middle) Truman (Last) Randall
4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 30-1910
9. AGE last birthday: 42 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman & Extra conductor B&O.R.Ry
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Westernport,Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: David T.Randall
14. MOTHER'S MAIDEN NAME: Margaret Williamson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY No.: 214-05-8810
17. INFORMANT AND ADDRESS: brother-in-law-R.B.Whitlock, City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

973.1

Immediate cause (a) Carbon monoxide poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) In truck of Rinker's Develop-ment.
(CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.
TIME (Month) OF INJURY about (Day) (Year) (Hour) Sept 19/52 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Attached garden hose to exaust,other end through floor board of cab,with engine running.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H.V.Deming M.D. Cumberland,Md. Sept.19-1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept 22 1952
NAME OF CEMETERY OR CREMATORY: Hill Crest Burial Park
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE RECD BY LOCAL REG.: Sept. 22,1952
REGISTRAR'S SIGNATURE: Winifred K. Hartz, M.D.
24. FUNERAL DIRECTOR: William H. Kight
ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural) Old Town
STREET ADDRESS (If rural, give location): R.F.D.#1 Along Rt. # 51

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Virginia (Last) Rawlings
4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan.14-1894
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Rio-Hampshire Co.W.Va.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Maphis
14. MOTHER'S MAIDEN NAME: Maggie Dyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fatty emboli due to compound comminuted fracture of right tibia & fibulae, fractured left

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) femur. Pulmonary infarct lower left lobe.

(c)

INTERVAL BETWEEN ONSET AND DEATH: 7 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY* [ ] OR CONTRIBUTING* [ ] CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway
$1 near (CITY OR TOWN) Old Town (COUNTY) Allegany (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: Sept.2/52 P. m.
INJURY OCCURRED While at work [ ] Not while at work* [X]
HOW DID INJURY OCCUR? Walking across road and was hit by an automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy *, Inspection *, Inquiry *, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ] accident [*], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title): H.V.Deming M.D. H.V.Deming M.D.
ADDRESS: Cumberland,Md.
DATE SIGNED: Sept.9-1952

23. BURIAL, CREMATION REMOVAL, (Specify): Burial
DATE THEREOF: 9/12/52
NAME OF CEMETERY OR CREMATORY: Oldtown Cem.
LOCATION (City, town, or county) (State): Oldtown, Maryland

DATE REC'D BY LOCAL REG.: Sept. 11, 1952
REGISTRAR'S SIGNATURE: Walter R. Fantz, M.D.
24. FUNERAL DIRECTOR: H. Wayne George
ADDRESS: Cumberland, Md.

VS. A1

RECEIVED
SEP
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 1.1/2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 626 N.Mechanic St.

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) (Last) Reed
4. DATE OF DEATH (Month) Sept. (Day) 14 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Unknown
8. DATE OF BIRTH Oct.4-1926
9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Odd jobs
11. BIRTHPLACE (State or foreign country) Saxton, Bedford Co.Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wilbert J.Reed
14. MOTHER'S MAIDEN NAME Mary C. Mc Cray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes, Navy (If yes, give war or dates of service) W.W.#2
16. SOCIAL SECURITY NO. 188-20-7295
17. INFORMANT AND ADDRESS Cards in pocket.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intracranial hemorrhage due to a fractured	skull.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrown from motorcycle.	about 3 hours.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway Route #28 near (CITY OR TOWN) Wiley Ford (COUNTY) Mineral (STATE) W.Va.
TIME (Month) (Day) (Year) (Hour) OF INJURY about Midnight Sept.14/52 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Passenger on motorcycle, hit an auto and he was thrown off.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection *, Inquiry *, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident *, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H.V.Deming M.D. (Degree or title) H.V. Deming M.D. ADDRESS Cumberland, Md. DATE SIGNED Sept.15-1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/17/52
NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.
LOCATION (City, town, or county) (State) Saxton, Penna.

DATE REC'D BY LOCAL REG. Sept. 15, 1952
REGISTRAR'S SIGNATURE Winter R. Stantz, M.D.
24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

SEP 23 1952
1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg — LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg R.D. No 2
STREET ADDRESS (If rural, give location) Consolidation Village

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) L. (Last) Richards

4. DATE OF DEATH: (Month) 9 (Day) 8 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 16 1875

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Plummer

14. MOTHER'S MAIDEN NAME: Louisa Broughton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wilbert H. Richards, R.D. No 1 Box 99 Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Diabetes — DUE TO — Diabetic Gangrene Rt Foot — Interval between Onset and Death: Several years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19..., to Sept 8, 1952, that I last saw the deceased alive on Sept 8, 1952, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
W.M. Lane M.D. Frostburg Md Sept 10 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9-11-1952 — NAME OF CEMETERY OR CREMATORY Frostburg Mem. — LOCATION (City, town, or county) Frostburg, Md. (State)

DATE REC'D BY LOCAL REG. 9-14-52 — REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe — FUNERAL DIRECTOR Jacob Hafer — ADDRESS Frostburg, Md.

VS. A15 8-51

SEP 16
BUREAU V. S.

1

Within corporate limits

E. Brings

09142

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
LENGTH OF STAY (in this place) 67 dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. D. # 1 Cumberland,
STREET ADDRESS (If rural, give location) Woodlawn Ave., La Vale

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) BIBIANA (Last) RICKER

4. DATE OF DEATH: (Month) Sept. (Day) 10, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 2, 1893

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Designer

10b. KIND OF BUSINESS OR INDUSTRY: Interior decorating

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frank Ricker

14. MOTHER'S MAIDEN NAME: Mary Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-5876

17. INFORMANT & ADDRESS: Mr. August F. Ricker La Vale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 581.1

Immediate cause (a) cirrhosis of the liver (Laennec) — INTERVAL BETWEEN ONSET AND DEATH: 9 months

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 11, 1952

19b. MAJOR FINDINGS OF OPERATION: cirrhosis of the liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20, 1943, to Sept. 10, 1952, that I last saw the deceased alive on Sept. 9, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Elizabeth Brings, M.D. (DEGREE OR TITLE) ADDRESS 55 Greene St. DATE SIGNED 9/11/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 9/12/52

NAME OF CEMETERY OR CREMATORY St. Marys'

LOCATION (City, town, or county) (State) Lonaconing, Md.

DATE REC'D BY LOCAL REG. Sept. 11, 1952

REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR H. Wayne George Cumberland, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

M

1

T

SEP 16 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): 10 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean-near Lonaconing, Md.
STREET ADDRESS (If rural, give location): R.F.D.#1

3. NAME OF DECEASED (Type or Print): (First) Claude (Middle) A (Last) Robertson

4. DATE OF DEATH: (Month) Sept (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 10. 1874

9. AGE last birthday: 78 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY: C/P Railroad

11. BIRTHPLACE (State or foreign country): Ocean Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Robertson

14. MOTHER'S MAIDEN NAME: Victoria Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Claude Robertson (Wife) Ocean, Md. R.F.D.#1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Respiratory Failure.	2-3 mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumoconeosis.	10-20 yrs.
	(c) Chronic Hypocytic Anemia	2-3 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/8, 1952, to 9/8, 1952, that I last saw the deceased alive on 9/8, 1952, and that death occurred at 10 20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George J. Richards Jr.

ADDRESS: Lonaconing, Md.

DATE SIGNED: 9-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Sept. 11, 1952

NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park

LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: 9-11-52

REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR: M. Eichhorn

ADDRESS: Lonaconing, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SEP
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

19144

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Cumberland
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION or STREET ADDRESS: Sacred Heart Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eckhart
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) S. (Last) SCHREIBER

4. DATE OF DEATH: (Month) Sept. (Day) 13, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 9-18-07

9. AGE last birthday: 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Utility man

10b. KIND OF BUSINESS OR INDUSTRY: Montgomery Ward Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August J. Schreiber

14. MOTHER'S MAIDEN NAME: Victoria R. Kershankey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-07-0722

17. INFORMANT & ADDRESS: Bernard Schreiber, Eckhart, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

540.1

Immediate cause (a) Peritonitis — Interval Between Onset And Death: 72 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Ruptured Septic Ulcer — 7 days
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 2:35 P.M., from the causes and on the date stated above.

SIGNATURE: Bernard Schreiber M.D. — (Degree or title) — ADDRESS — DATE SIGNED: 9/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-16-52 — NAME OF CEMETERY OR CREMATORY: St. Michael's Cemetery — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 15, 1952 — REGISTRAR'S SIGNATURE: Walter R. Clark, M.D. — 24. FUNERAL DIRECTOR: J. R. Durst, Frostburg, Md. — ADDRESS

RECEIVED
SEP 23 1952
BUREAU V. S.

Within corporate limits

09145

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4.7 [illegible] St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE [illegible] COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lil[illegible]	[illegible]	[illegible]	19[illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
[illegible]	[illegible]	[illegible]	[illegible]	[illegible] yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]	[illegible]	[illegible]	

13. FATHER'S NAME
W[illegible]. F. Ellsworth

14. MOTHER'S MAIDEN NAME
Alice Shanholtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	[illegible]	[illegible]

18. MEDICAL CERTIFICATION

*I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Acute Coronary Thrombosis	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis generalized	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to 9-23, 19[illegible], that I last saw the deceased alive on 9-23, 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. T. Johnson Jr	M.D.	Cumberland Md	9-24-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	[illegible]	Zion Memorial Cem.	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 24, 1952	Walter K. Hanby, M.D.	James F. Scar[illegible]	[illegible]

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Johnson

BUREAU V. S.
SEP 30

Within Corporate Limits

09146

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. MSA

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (In this place): 2.1/4 hrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Missouri — COUNTY: Jasper
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Joplin
   STREET ADDRESS (If rural, give location): 112 South Oak St.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Earl (Last) Sex

4. DATE OF DEATH: (Month) Sept. (Day) 9 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: June 10-1932

9. AGE last birthday: 20 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S.Navy - Sailor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence E.Sex.

14. MOTHER'S MAIDEN NAME: Dorothy Carsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): 1952

16. SOCIAL SECURITY NO.: 444-30-7131

17. INFORMANT AND ADDRESS: Hospital records & cards in pocket.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816.4

Immediate cause (a) Intracranial hemorrhage due to a fractured Skull. — Interval between onset and death: 3 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) (Automobile accident.) also had a fractured

(c) left forearm & left femur. Lacerated left eyebrow.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway — near (CITY OR TOWN) Romney — (COUNTY) Hampshire — (STATE) W.Va.
TIME OF INJURY (Month) (Day) (Year) (Hour): Sept.9/52 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Went to sleep in auto hit rear dual wheels of a truck going in opposite direction.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): H.V.Deming M.D. — ADDRESS: H. V. Deming M.D. Cumberland, Md. — DATE SIGNED: Sept.9-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept. 15, 1952 — NAME OF CEMETERY OR CREMATORY: Osborne Memorial Cem. — LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: Sept. 11, 1952 — REGISTRAR'S SIGNATURE: Walter L. Hartz, M.D.

24. FUNERAL DIRECTOR: Lewis Stein Inc. — ADDRESS: Cumberland Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Alleganey — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frostburg
LENGTH OF STAY (in this place) 31 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 272 E. Main

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Alleganey
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 272 E. Main St.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Harry (Last) Sigler, Sr.

4. DATE OF DEATH: (Month) 9 (Day) 28 (Year) 1952

5. SEX: M

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-14-1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Westernport, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Evan J. Sigler

14. MOTHER'S MAIDEN NAME: Emma Fortney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: 752-14-1611

17. INFORMANT & ADDRESS: Evan J. Sigler, 137 Washington St. Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

33 IX

Immediate cause (a) Cerebral Hemorrhage — DUE TO — Interval Between Onset and Death: 15 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension — DUE TO — 6 Mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1952, to 9-28, 1952, that I last saw the deceased alive on 9-28, 1952, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

SIGNATURE H. C. Diehl, M.D. (DEGREE OR TITLE) ADDRESS Frostburg, Md. DATE SIGNED 9/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 10-1-1952 — NAME OF CEMETERY OR CREMATORY Philos Cemetery — LOCATION (City, town, or county) Westernport (State) Md.

DATE REC'D BY LOCAL REG. 10-1-52 — REGISTRAR'S SIGNATURE Mrs. Nancy N. Rose

24. FUNERAL DIRECTOR Jacob Hafer — ADDRESS Frostburg, Md.

RECEIVED
OCT 2
BUREAU V. S.

Within corporate limits DR. LEY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-52

1. PLACE OF DEATH:
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMERLAND
STREET ADDRESS (If rural, give location): 819 BEDFORD STREET

3. NAME OF DECEASED: (Type or Print) (First) J. (Middle) ADAM (Last) SMITH

4. DATE OF DEATH: (Month) (Day) (Year) SEPTEMBER 20 19 52

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: NOVEMBER 11, 1876

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Retail Shoe Store

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE SMITH

14. MOTHER'S MAIDEN NAME: MARGARET MEISEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214 05 8155

17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, MEMORIAL AVENUE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) Cerebral Thrombosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 13, 1952, to Sept. 20, 1952, that I last saw the deceased alive on Sept. 20, 1952, and that death occurred at 8:05 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Leo M. Ley Jr., M.D. 452 N. Centre St. Sept. 22, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Sept. 23, 1952

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Sept. 23, 1952

REGISTRAR'S SIGNATURE: Winter R. Tawney, M.D.

24. FUNERAL DIRECTOR ADDRESS: William H. Kight, Cumberland, Md.

RECEIVED
SEP 3
BUREAU V. S.

Item 7 Fil: G148 11/26/52 whw
Within corporate limits DR. TOPPER

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, LENGTH OF STAY (In this place) 67 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL MEMORIAL AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNSYLVANIA COUNTY Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYNDMAN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) E. (Last) STATLER SR.
4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 16, 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH AUGUST 9, 1875
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY U.S. Postal Serv
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME SAMUEL STATLER
14. MOTHER'S MAIDEN NAME Emma BEEGLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bilateral Broncho-pneumonia	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio Sclerosis	10 yrs
	(c) Hypertrophy Prostate	5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to 9/16, 1952, that I last saw the deceased alive on 9/16, 1952, and that death occurred at 6.05 P. m., from the causes and on the date stated above.

SIGNATURE John A Topper (Degree or title) MD ADDRESS Hyndman Pa DATE SIGNED 9/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 19, 1952
NAME OF CEMETERY OR CREMATORY Hillcrest Bur. Park
LOCATION (City, town, or county) (State) Cumberland, Maryland
DATE REC'D BY LOCAL REG. Sept. 19, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Maryland ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

RECEIVED
SEP 23 1952
BUREAU U. S.

Within corp. DR. FAW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MARYLAND
LENGTH OF STAY (in this place) 66 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL, MEMORIAL AVE., CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. VA. COUNTY HAMPSHIRE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KEYSER, W. VA.
STREET ADDRESS (If rural, give location) 220 HALDE ST.,

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) Taylor (Last) THRUSH
4. DATE OF DEATH: (Month) SEPT. (Day) 29th (Year) 1952.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED
8. DATE OF BIRTH: 11/29/1883
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): W. VA. Mineral County
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Nathaniel ~~NATHANIEL~~ TAYLOR
14. MOTHER'S MAIDEN NAME: ANNA TAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 200.1

Immediate cause (a) Lympho-sarcoma necks, mediastinum — INTERVAL BETWEEN ONSET AND DEATH: one year

DUE TO and spleen

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c) None

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to Sep 29, 1952, that I last saw the deceased alive on ....., 19....., and that death occurred at 7:20 P.m., from the causes and on the date stated above.

SIGNATURE: Wylie M Faw Jr. (DEGREE OR TITLE) M.D. ADDRESS Cumberland Md DATE SIGNED Sep. 30 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Oct. 1, 1952
NAME OF CEMETERY OR CREMATORY Queens Point Cem
LOCATION (City, town, or county) Keyser, West Virginia (State)

DATE REC'D BY LOCAL REG. Sept. 30, 1952
REGISTRAR'S SIGNATURE Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR J. S. Markwood Sons, Keyser, W. Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS A15 8-51

OCT 3
BUREAU V. S

Items 16 &21 Film G148 11-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 129 Wood St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 129 Wood St.

3. NAME OF DECEASED: (First) Margaret (Middle) Ann (Last) Timmons
4. DATE OF DEATH: (Month) 9 (Day) 1 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 11 - 1873
9. AGE last birthday: 78 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Borden Mines, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Timmons
14. MOTHER'S MAIDEN NAME: Caroline Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Betty Pfister, 129 Wood St. Frostburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
902.0 Immediate cause	(a) Arteriosclerotic cardio-vascular dis.	± 15 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized arteriosclerosis.	?
	DUE TO (c) Fracture Surg. Neck Femur R	3 mos.

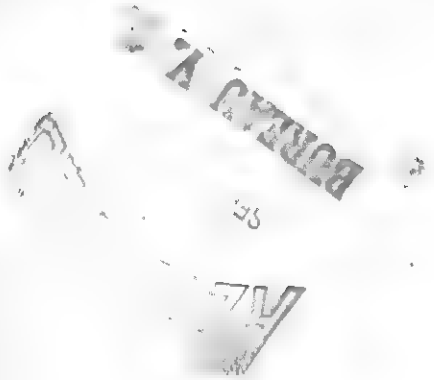
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. 8-13-52
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Stumbled on back porch & fell to concrete walk.

22. I hereby certify that I attended the deceased from 8/30, 1952 to 9/1, 1952, that I last saw the deceased alive on 9/1, 1952, and that death occurred at 1:30 P.M., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Frank T. Harrat MD Frostburg Md. 9/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9-3-1952
NAME OF CEMETERY OR CREMATORY Frostburg Mem. Com.
LOCATION (City, town, or county) Frostburg, Md. (State)
DATE REC'D BY LOCAL REG. 9-2-52
REGISTRAR'S SIGNATURE Mrs. Nancy N. Rose
21. FUNERAL DIRECTOR Jacob Hafer ADDRESS Frostburg, Md.



Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1154

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 8/28/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Harry	F.	Uhl	September 23, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	11/14/1876	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist + retired
10b. KIND OF BUSINESS OR INDUSTRY: C. & P.R.R.Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Uhl
14. MOTHER'S MAIDEN NAME: Jane Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
16. SOCIAL SECURITY No.: (If Yes, give war or dates of service): None
17. INFORMANT & ADDRESS: Allegany County Infirmary Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
44 X Immediate cause	(a) Myocarditis	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebro-Vascular Renal disease	
DUE TO	(c) Sust Hypertension	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
X	X	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
X	X	X		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
X	X	X

22. I hereby certify that I attended the deceased from Aug. 28, 1949, to Sept. 23, 1952, that I last saw the deceased alive on Sept. 23, 1952, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE), ADDRESS, DATE SIGNED: R. B. Gleason, M.D. 49 Mecca St Cumberland Md.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/26/1952	St. George's Cemetery	Mt. Savage, Md.

DATE REC'D BY LOCAL REG.: Sept. 25, 1952
REGISTRAR'S SIGNATURE: Wintes R. Hardy, M.D.
24. FUNERAL DIRECTOR — ADDRESS: Joseph R. Durst, Frostburg, Md.

RECEIVED
SEP
BUREAU V. S.

Outside of City Limits

Item 18 Film G117 9-30-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09153

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Cumberland, Rural — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. #2 Baltimore Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location): 326 Bedford St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Margaret	Miller	West	Sept. 13, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	10-16-1897	54 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper	Jewelry Store	Pittsburgh, Penna.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George W. Miller	Rose Gellner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	214-05-6753	Mrs. Russell Thayer Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis, generalized	
153Y Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO: Primary site was transverse colon - resected 3 yrs ago.	
	(c) DUE TO:	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Aug. 1, 1952, to Sept 13, 1952, that I last saw the deceased alive on Sept 13, 1952, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Jos M. Levy Jr. Md. ADDRESS 456 N Centre St. Cumberland Md. DATE SIGNED 9/15/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-16-1952	HillCrest Burial Park	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 15, 1952	Winter L. Beatty, M.D.	Charles L. George	CUmberland, Md.

VS. A15 8-51

RECEIVED
SEP 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09154

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 617 Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 617 Central Avenue

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) Washabaugh (Last)

4. DATE OF DEATH: (Month) Sept. (Day) 7 (Year) 1952

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: May 1, 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Smock - Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Gomer Richards

14. MOTHER'S MAIDEN NAME: Mabel Greenwood.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Leonard Gillespie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 6 days

DUE TO

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Sept 7, 1952, that I last saw the deceased alive on Sept 7, 1952, and that death occurred at 1:05 P.m., from the causes and on the date stated above.

SIGNATURE George M Simons (DEGREE OR TITLE) M.D. ADDRESS Cumberland Md DATE SIGNED 9/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Sept. 10 1952

NAME OF CEMETERY OR CREMATORY Greenmount Cemetery

LOCATION (City, town, or county) Cumberland. (State) Md.

DATE REC'D BY LOCAL REG. Sept. 8, 1952

REGISTRAR'S SIGNATURE Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR John J. Hafer. ADDRESS Cumberland. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 8-5

RECEIVED
SEP 16 1952
BUREAU V. S.